


STATE *NON-MEDICARE* RETIREE AND SURVIVOR RATES

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Monthly GIC Plan Rates as of July 1, 2008

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 BASIC LIFE INSURANCE ONLY \$5,000 coverage	10%		15%	
	Non-Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS ^{1,2}		Non-Medicare Retirees Retired After July 1, 1994	
	\$0.69		\$1.03	
HEALTH PLAN (Premium includes Basic Life Insurance)	RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Fallon Community Health Plan Direct Care	\$ 40.14	\$ 95.37	\$ 60.21	\$143.05
Fallon Community Health Plan Select Care	47.51	113.05	71.26	169.57
Harvard Pilgrim Independence Plan	51.66	124.02	77.49	186.02
Health New England	43.08	105.77	64.61	158.65
Navigator by Tufts Health Plan	48.95	117.17	73.42	175.75
NHP Care (Neighborhood Health Plan)	42.55	111.62	63.82	167.42
UniCare State Indemnity Plan/ Basic with CIC (Comprehensive)	106.49	247.23	142.48	330.84
UniCare State Indemnity Plan/ Basic without CIC (Non-Comprehensive)	72.01	167.24	108.00	250.85
UniCare State Indemnity Plan/ Community Choice	41.48	98.58	62.21	147.87
UniCare State Indemnity Plan/ PLUS	52.48	124.29	78.72	186.43

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from "Retiree Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

BASIC LIFE INSURANCE ONLY \$5,000 coverage	10%	15%
	Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS ^{1,2}	Medicare Retirees Retired after July 1, 1994
	\$0.69	\$1.03
HEALTH PLAN (Premium Includes Basic Life Insurance)	RETIREE/SURVIVOR PAYS MONTHLY	RETIREE PAYS MONTHLY
	PER PERSON	PER PERSON
Fallon Senior Plan ³	\$ 20.53	\$ 30.78
Harvard Pilgrim Medicare Enhance	36.02	54.02
Health New England MedPlus	36.16	54.24
Tufts Health Plan Medicare Complement	32.97	49.45
Tufts Health Plan Medicare Preferred ³	17.39	26.08
UniCare State Indemnity Plan Medicare Extension (OME) with CIC (Comprehensive)	45.40	62.84
UniCare State Indemnity Plan Medicare Extension (OME) without CIC (Non-Comprehensive)	34.90	52.34

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from "Retiree Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ Benefits and rates are subject to change January 1, 2009.

RETIREE BENEFITS – Medicare and Non-Medicare

RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death and Dismemberment

RETIRED EMPLOYEE AGE	RETIREE SMOKER PAYS MONTHLY <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER PAYS MONTHLY <i>Per \$1,000 of Coverage</i>
Under Age 70	\$ 1.63	\$ 1.21
70-74	3.04	2.33
75-79	7.61	5.82
80-84	14.36	10.97
85-89	22.74	17.37
90-94	32.61	26.40
95-99	71.23	57.64
Ages 100 and over	136.57	110.51

GIC RETIREE DENTAL PLAN RATES

\$850 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY
SINGLE	\$23.93
FAMILY	\$57.64

For Retired Municipal Teacher (RMT) and Municipality enrollee rates,
see separate rate sheet.

See Over for ACTIVE
EMPLOYEE Rates

Monthly GIC Plan Rates as of July 1, 2008



	15%		20%	
	For Employees Hired On or before June 30, 2003		For Employees Hired and Planning Councils Joining the GIC After June 30, 2003	
	EMPLOYEE PAYS MONTHLY		EMPLOYEE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY – \$5,000 coverage	\$1.03		\$1.37	
HEALTH PLAN (Premium includes Basic Life Insurance)	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Fallon Community Health Plan Direct Care	\$ 60.21	\$143.05	\$ 80.27	\$190.73
Fallon Community Health Plan Select Care	71.26	169.57	95.00	226.09
Harvard Pilgrim Independence Plan	77.49	186.02	103.31	248.03
Health New England	64.61	158.65	86.15	211.53
Navigator by Tufts Health Plan	73.42	175.75	97.89	234.32
NHP Care (Neighborhood Health Plan)	63.82	167.42	85.09	223.23
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	142.48	330.84	178.48	414.46
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	108.00	250.85	144.00	334.47
UniCare State Indemnity Plan/Community Choice	62.21	147.87	82.95	197.15
UniCare State Indemnity Plan/PLUS	78.72	186.43	104.95	248.56

LONG TERM DISABILITY RATES*

ACTIVE EMPLOYEE AGE	STATE EMPLOYEE PAYS MONTHLY Per \$100 of Monthly Earnings
Under 20	\$0.09
20 - 24	\$0.09
25 - 29	\$0.11
30 - 34	\$0.15
35 - 39	\$0.19
40 - 44	\$0.38
45 - 49	\$0.55
50 - 54	\$0.77
55 - 59	\$0.98
60 - 64	\$0.89
65 - 69	\$0.41
70 and over	\$0.23

GIC DENTAL/VISION PLAN RATES

For Managers, Legislators, Legislative Staff and Certain Executive Office Staff*

	EMPLOYEE PAYS MONTHLY	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Value (PPO) PLAN	\$3.59	\$11.11
Classic (Indemnity) PLAN	\$5.04	\$15.62

* Only available to active employees who meet certain criteria as outlined in the GIC Benefit Decision Guide.

For municipality rates, see separate rate sheets.



Contribution percentages may change after the Commonwealth's annual budget is enacted.

OPTIONAL LIFE INSURANCE RATES – Including Accidental Death and Dismemberment

ACTIVE EMPLOYEE AGE	EMPLOYEE SMOKER PAYS MONTHLY Per \$1,000 of Coverage	EMPLOYEE NON-SMOKER PAYS MONTHLY Per \$1,000 of Coverage
Under Age 35	\$0.09	\$0.05
35 – 44	\$0.13	\$0.06
45 – 49	\$0.24	\$0.09
50 – 54	\$0.38	\$0.15
55 – 59	\$0.58	\$0.23
60 – 64	\$0.88	\$0.34
65 – 69	\$1.57	\$0.83
Age 70 and over	\$2.81	\$1.30

See Over for RETIREE/SURVIVOR Rates